



COALVILLE CITY EMPLOYMENT APPLICATION

**PLEASE TYPE OR PRINT CLEARLY IN INK.
A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION.**

Position Applied for		Date of Application
Last Name	First Name	Middle Initial
Mailing Address	Physical Address	City, State, Zip Code
Telephone Numbers		
Home	Work	Cell
Email Address		

Have you ever filed an application with Coalville City before? Yes No

Have you been employed by Coalville City before? Yes No

Have you been convicted of a crime in adult court, excluding traffic violations in the last seven years?

Yes No

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Employment desired: Full Time Part Time Temporary Seasonal

Have you completed a high school degree or GED? Yes No

List any languages, other than English, in which you are fluent. _____

List any relatives presently employed by Coalville City. _____

Describe any specialized training and extra-curricular activities. _____

Education University, Community, Business or Technical College and city\state	Date Attended	Official Major	Degree Yes/No	Type Degree

Trade School, Correspondence Course or Apprenticeship and city/state	Date Attended	Subject/Field	Course Completed	Type Certification

List any professional or trade licenses, certificates or registrations.

Specialized skills. Please check or list skills, computer programs and equipment operated:

<input type="checkbox"/> PC	<input type="checkbox"/> 10 key	<input type="checkbox"/> CAD
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Word Processing _____	
<input type="checkbox"/> Database	<input type="checkbox"/> Desktop Publishing	
<input type="checkbox"/> Other _____		

Employment Experience

List your most recent job first. Please include military experience and volunteer activities.

Employer	Dates (Month/Year)	
Address	From:	
Telephone Number	Job Title	To:
Duties	Salary/hour	
	Start:	
	Finish:	
Reason for Leaving	Supervisor Name	Title

Employer	Dates (Month/Year)	
Address	From:	
Telephone Number	Job Title	To:
Duties	Salary/hour	
	Start:	
	Finish:	
Reason for Leaving	Supervisor Name	Title

Employer	Dates (Month/Year)	
Address	From:	
Telephone Number	Job Title	To:
Duties	Salary/hour	
	Start:	
	Finish:	
Reason for Leaving	Supervisor Name	Title

Employer	Dates (Month/Year)	
Address	From:	
Telephone Number	Job Title	To:
Duties	Salary/hour	
	Start:	
	Finish:	
Reason for Leaving	Supervisor Name	Title

Employer	Dates (Month/Year)	
Address	From:	
Telephone Number	Job Title	To:
Duties	Salary/hour	
	Start:	
	Finish:	
Reason for Leaving	Supervisor Name	Title

If you need additional space, please continue on a separate sheet of paper.

References

Please list three professional references.

1. _____
Name _____ Telephone Number _____

Address _____
2. _____
Name _____ Telephone Number _____

Address _____
3. _____
Name _____ Telephone Number _____

Address _____

References

Please list three personal references.

1. _____
Name _____ Telephone Number _____

Address _____
2. _____
Name _____ Telephone Number _____

Address _____
3. _____
Name _____ Telephone Number _____

Address _____

All information on this form is true and correct to the best of knowledge. I understand that any omission or misrepresentation of information may cause my application to be rejected or, if I am hired, may cause me to be terminated. I understand that if I am employed, my employer may terminate me at any time without reason or explanation.

Applicants Signature _____ Date _____